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MEDICO-LEGAL ASPECT OF MORBID IMPULSES¹

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The problem of the determination of the degree of culpability of an individual who has committed an anti-social act is sometimes associated with great difficulties. A variety of factors may enter into the solution of this problem. An illegal act may be committed accidentally or unexpectedly and independently of the individual's will. It may be committed under an unavoidable necessity, such as in cases of protection of one's self or one's family. It may be committed under the influence of extreme passion or anger, when consciousness becomes blurred and cerebral inhibition is obliterated. It may be committed by insane individuals whose delusional ideas, accompanied or not by hallucinatory images, develop morbid impulses or deliberate and well planned criminal tendencies. Finally, illegal acts may be committed by individuals who, though not insane in the strict sense of the word, are nevertheless different from normal individuals by their power of reasoning, by their sentiments, tastes, sympathies, etc. To this class belongs the large category of psychopathic individuals, also the mental defectives.

We will be concerned here exclusively with the medico-legal aspect of morbid impulses in psychopathic individuals and in mental defectives with the object of determining the degree of their responsibility or irresponsibility. In such cases there is a genuine medico-legal problem to be solved, while lunacy by the nature of the profound mental disorder excludes all possibility of discussion. Let us consider the cause of the existence and the development of impulses in the first category of our group.

The study of morbid impulses is very important because of the grave consequences to which they may lead from social and medico-legal standpoints. Such a study presents multiple interesting features. First of all, the underlying basis upon which these morbid states develop. Since Morel the question of heredity began to play the most important rôle in the domain of mental pathology. It finds its corroboration also in the study of Mendelian laws of heredity (see Cannon and Rosanoff, *J. of Nerv. & Ment. Dis.*, 1911, p. 272) and Rosanoff and Orr (*Amer. J. of Insanity* V. IXViii, p. 221). Morbid impulses

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constitute episodic manifestations in the life of psychopathic individuals.

What is psychopathy? Under this term is understood a pathological state of an individual whose psychophysical resistance is constitutionally diminished; in other words, it is a condition which is a deviation from the normal type of humanity. In such a person there is an interruption of harmonious equilibrium existing between various functions of cerebrospinal centers; the co-operation and adaptation of these centers are incomplete. There is an ataxia of thought, of sentiment, of will, of psycho-motor functions.

According to the parts involved, these patients form several groups which are only apparently different from each other, but under which is hidden the same individuality, viz., the psychopath.

The most important characteristic features in psychopathic individuals are found in their psychical sphere. The development of their intellectual faculties is irregular and there is a want of equilibrium in these faculties. Such individuals are only partial, incomplete beings. They may have a remarkable memory, but they cannot fix their attention. Their mental instability is sometimes extreme. At the same time they may be eccentric, dreamers, with romantic tendencies. They are emotional, timid, extremely sensitive, impressionable, suspicious, egotistic, haughty and may be affected with moral perversity of the gravest nature. The best illustration of the loss of psychical equilibrium is found in obsessions and morbid impulses. The latter is the consequence of the first.

What is an obsession? Normally an idea, a sentence, an image may unexpectedly invade our mind and obstinately persist. It is sufficient, then, to exercise our will to a certain extent and make this phenomenon disappear. This, so to speak, physiological obsession, never leads to a morbid impulse. When a morbid obsession occurs, the cerebral centers are invaded by a certain image or idea, which remains fixed, and suppresses subsequently all antagonistic images or ideas. This is accomplished not without a struggle, but the tenacious idea is accompanied by a moral pain so intense that it subordinates the will, and the individual, perfectly conscious of what is going on, but powerless, finds himself irresistibly forced towards acts of which he himself disapproves. The obsession leads to an impulse, and these two phenomena are in the same relationship as a thought to the act.

On the basis of our conception of the subconscious world the phenomena under discussion finds an adequate explanation. The rôle of pathogenetic forces in the causation of psychoneurotic manifesta-

tions by the psychoanalytic school is pretty well established. As the aim of this contribution is not the psychological aspect of the psychoneuroses but their sociological value, the analysis of the mental processes and of the conflict between the conscious and subconscious ideas which leads to the formation of obsessions and impulsive tendencies and other mental disorders characteristic of psychoneuroses, will be omitted.

The characteristic features of an obsession are therefore: (a) Lucidity as to the phenomenon; (b) energetic struggle against the invaded thought; and (c) moral torture. The elements of morbid impulses are: (a) Sudden function of a center or of a group of isolated centers without participation of reason or of the conscious ego; (b) momentary impotence of the will controlling the act.

The state of consciousness, the apparent lucidity, are misleading for those who are not familiar with these disturbances and judiciary errors are readily explained.

A psychopath who becomes fatigued, whose nervous system becomes exhausted, may develop obsessions and morbid impulses. Depressive emotion, prolonged intellectual effort, a prolonged waking states, excesses of any sort, abundant hemorrhages, protracted infectious diseases, disturbance of nutrition, intoxications, especially alcoholic, the sight of a capital punishment, the news of a suicide or homicide, the recital of a murder, are all provoking causes of morbid impulses in a psychopathic individual.

A young woman of thirty-five who was profoundly psychopathic, whose hereditary history was the most unfavorable (father syphilitic, mother alcoholic, a grandfather had paresis), had several miscarriages accompanied by tremendous losses of blood. Her recovery was of long duration. She soon developed morbid impulses. Being a butcher's wife, she assisted him in carving meat in the shop. On several occasions while handling the large knife she felt the desire to cut off the customers' heads. She realized her condition, she struggled with herself, resisted the torturing temptation. Finally once, in the presence of several customers, she began to scream; the knife fell out of her hands; trembling she begged them to remove the knife from her sight, as otherwise she would commit murder.

A young pharmacist, who has been under my care for the last two years, has frequently the almost irresistible desire to commit suicide. He is fully conscious of his condition, fights it often at the expense of his sleep. Once riding on a boat, he felt the necessity of

jumping overboard. Fearing for himself, he begged the passengers to tie him to a post and keep him in this position until the boat landed.

Obsessions and irresistible impulses may affect also crimes of a less important order. In kleptomania there is an irresistible impulse to possess objects which are of no value. This is frequently done by individuals who are otherwise perfectly honorable, who possess sufficient means. Here, again, they are perfectly conscious of the criminality of the act, and of the consequences to which it may lead. They struggle against this tendency, they suffer morally, but they finally succumb to the irresistible impulse.

Arson, assaults, rape, all varieties of sexual perversion, may be committed by a psychopathic individual under the influence of obsession.

What is the outlook in obsessions with irresistible impulses? The evolution of these symptoms presents nothing typical. It may be periodical and intermittent. Sometimes it appears for a short period and disappears completely. In other cases it is slow, remains stationary for months and years. In still another series of cases the symptom disappears, but recurs from the least cause.

As Magnan has well said, "they are episodic symptoms in the life of a degenerate. They are incorporated in the mental state of the individual, and never become separated from him. Appearing now and then during his life, they never undergo modifications; they are always the same."

In making a diagnosis of cases of this order it should always be borne in mind that, while morbid impulses for minor offenses are frequent in the psychopathic individuals in general, the irresistible impulses for acts of graver nature, as homicide and suicide, are not frequent. They are met with often in true insanities, in which the individual blows out his own brains or kills, seeks revenge, because he is under the influence of a delusion or is prompted by hallucinations of a terrifying nature. When a woman suffers from melancholia, she is mentally tortured by her delusion of the unpardonable sin, of her physical worthlessness, of deserving punishment for imaginary misdeeds. Voices are constantly reminding her of her wrongdoings. Such an individual will seek relief from continuous torture and finally commit suicide. Sometimes her delusive ideas will run in a somewhat different channel, and she will imagine that through her sins her relatives and neighbors, husband, and children will undergo punishment and will suffer; in order to save them from inevitable suffering and torture she prefers killing them herself, and she acts accordingly.

A paranoiac develops in his diseased mind a grudge against certain individuals, who for an apparently logical reason are persecuting him or trying to prevent him from obtaining a certain important position which they themselves are after. He hears their voices through the wall at night; sees them masked in his room. Another paranoiac gets a mission from God to preach, to convert the sinful men, women, communities, nations. He gets messages from the Almighty through spirits, angels, who order him to accomplish his task and destroy any obstacle on his road. Such individuals will exhibit irresistible impulses commanded by their delusions and hallucinations and commit homicide.

In paresis similar delusions may lead to identical consequences.

In dementia praecox, when the youth commences to show signs of dementia, he develops hallucinations and delusions; commits excesses and assaults of the gravest character, kills or commits suicide.

A senile dement forms delusions of being defrauded, robbed, believes himself being persecuted. Frequently erotic delusions make him plan ridiculous marriages, and if he is prevented from doing it, he assaults and kills. Assaults of senile dement on very young girls or children are not uncommon.

In toxic insanities, especially alcoholic, the delirious and confusional states are frequently accompanied by delusions and hallucinations; morbid impulses are then easily formed.

In epilepsy, after the motor manifestations are over, the patient remains in a confusional, delirious, or stuporous state, during which irresistible impulses may develop and a crime may be committed. Sometimes the epileptic attack itself may consist of a sudden, irresistible impulse for attacking, assaulting, and injuring.

In determining the nature of and the motives for morbid impulses only a prolonged and thorough examination will help the medico-legal expert to form an impartial opinion.

Let us briefly emphasize the distinctive diagnostic points as they are essential for a proper conception of these interesting phenomena.

When a lunatic assassinates he is under the control of a delusional conception and hallucination or illusion, by which he is carried away towards the abnormal impulse. The latter has a special character, viz., unconsciousness of the act; automatism is the essential feature.

When a morbid impulse is the result of an obsession in a psychopathic individual, the characteristic features of the act are: The lucidity of consciousness, the tormenting mental struggle before the act is accomplished, the realization of the horror of the act. At the same time the state of anxiety of the patient is accompanied by cardiac

palpitation, acceleration of the pulse, headache, tremor, perspiration, etc. All these symptoms occur in an individual whose mentality is abnormal, irregular, asymmetrical and without equilibrium. In such an individual also the soma will frequently be found deviated from normal; there will be present many stigmata of physical degeneration, disturbed functions of the viscera, of tissues, of organs. A profound study of his own life, of his reactions to external and internal stimuli, of his adaptability to surroundings, also of his family history, of the hereditary features—such a study is indispensable in making a diagnosis.

Let us now consider briefly the psychic forces in mental defectives which may lead to obsessions or morbid impulsive acts.

In considering all varieties of mental deficiency we find a long scale beginning with mental monstrosities and ending with slight mental feebleness. When the intellectual powers are involved in their entirety we deal with idiocy. When the arrest of mental development is only incomplete and is, therefore, compatible with the existence of some intellectual manifestations, we deal with imbecility. There are also individuals in whom only certain powers are likely to reach a degree of development; in whom there is no general but only partial defect of intellectual powers. For example, one will show a meager power of intellectual acquisition; in another the power of judgment is defective; another is incapable of acquiring elementary mathematical knowledge, or a knowledge of the natural sciences; in another the power of attention remains very elementary; others show a marked poverty in the power of reasoning, of generalizing, of abstracting, of memorizing, of associating ideas. This category of individuals manifests a conspicuous inequality of development of various intellectual powers.

From the standpoint of mental responsibility before the law, it would be superfluous to dwell at length on the idiots. The complete absence of intelligence, of moral conceptions, of sensibility, places an insurmountable obstacle between idiots and the exterior world. Education has no hold on them, impressions leave no trace in them. Instinct alone guides their actions and their relation to others. Their life is reduced to an automatic execution of vegetative function.

In imbecility we find rudiments of intellectual and moral development. The intellectual niveau is somewhat higher than in idiots, which, therefore, permits certain acquisitions. With considerable amount of patience, perseverance and ingenuity one may succeed in training imbeciles in certain moral principles. In spite of all efforts one can expect

but a certain degree of mental development in an imbecile. His language remains poor as to the number of words; his articulation is defective; his expression indicates poverty of thought, the character of his acts corresponds to his manner of thinking. In the sphere of morality he exhibits instinctive tendencies of a low order. Cruelty, vanity, gluttony, masturbation, sexual perversion, excesses of all kind, cowardice, unusual irritability are all characteristic of imbeciles, and these characteristics lead frequently to all sorts of abnormal acts. Theft, arson, brutality, homicide are not uncommon in imbeciles.

Following up the intellectual niyeau one step higher than in the imbecile, we enter the domain of the large group of mental feebleness, the study of which is of considerably higher importance from sociological and legal standpoints than of that of idiocy and imbecility. Here we meet with a great many varieties and subvarieties and the transition of one into the other is imperceptible. This is the most important chapter in the study of mental deficiency, as the number of such individuals is legion. We find them with us frequently, we deal with them in innumerable transactions, we find them on school benches, as well as in business life. Their relation to the community frequently results in harm.

This group of individuals presents, speaking generally, a mentality inferior to the normal in quantity and quality. Their intellectual development is both delayed and reduced. The slowness of mental evolution and its lesser amplitude are characteristic. Thus, for example, the intelligence of a boy of twelve resembles that of a child of five.

In view of the enormous influence of intelligence upon the shaping of the moral personality, the resulting moral debility it to be expected in the category of individuals which is the subject of the present study. It is a common observation that, apart from idiocy and imbecility, one of the chief characteristics of the feeble-minded individuals is an obtuseness of conscience. The elements of the latter are too feeble in the struggle against passions. It may happen that the mentally deficient has some conception of right or wrong; he may feel that he does wrong, but he does not possess the aversion which would be characteristic of a normal individual. The moral sentiments are not powerful enough, the voice of duty is not loud enough to be overcome by impulse. The cause of this disorder lies in the incomplete development of moral ideas. The want of judgment, of will, the weakness of character render the moral personality of the feeble-minded unstable, not resistant, and thus they become an easy prey of their passions.

The majority of the symptoms referable to the deviations in the

moral sphere gravitate around the ego of the mentally deficient. Thus the ego becomes extravagantly accentuated. Egotism consequently is one of the most conspicuous symptoms of the entire picture. The mentally deficient individuals have no other thoughts but of themselves. Nothing moves them, nothing disturbs them except their own disturbances which they immeasurably amplify. Such a psychic orientation naturally leads to a dominating attitude and intolerance. Envy or jealousy is another derivative of egotism.

Jealousy creates defiance and doubt; anger and hatred are the next consequence of jealousy. The mentally deficient may develop a hatred towards the dearest and the nearest. As egotism is the predominating characteristic, there is absence of altruistic sentiments.

Among other typical features of mentally deficient individuals may be mentioned *impulsive* phenomena. They are spontaneous and involuntary psychic manifestations. Normally our acts are controlled by two factors—desire or an impulse for action on one hand and reasoning on the other. The latter controls and inhibits the former. When the intellect is impaired or defective, the impulse predominates and the desired act is executed no matter how deleterious it may be; in such cases we observe frequently sudden impulsive acts in which neither reasoning nor will power intervene. In some cases the mentally deficient may yet at first attempt to reflect upon his premeditated act, he may yet appreciate the immorality and criminality of an illegal act, but the appreciation and meditation are not profound enough to overcome the instinctive tendency and the individual succumbs to the latter. Morbid impulses may be manifest not only in criminal acts of a gross nature, but also in minor acts. The tendency to excesses is commonly observed in these cases.

On the preceding pages the essential features of mental deficiency have been briefly depicted. We have seen that the two important elements of the personality, namely, the intellectual and emotional, do no more preserve the parallelism of the normal individual. The intelligence being feeble, it has no more inhibiting power over the moral personality. Struggle against passions does not exist or exists in a small degree. Impulsive acts are characteristic. Mentally deficient individuals possess either an emotivity with exaltation in which great impulsiveness, sudden anger, extreme anger, violence and brutality are conspicuous, or else emotivity with depression in which they exhibit extreme timidity, extreme shyness or a tendency to solitude so that the resemblance to the attitude of a savage is in some cases striking. In some cases these two conditions may alternate. It is evident that

the impulsive acts of the mentally deficient individuals are the expression of lack of control of ideas over passions. As the cerebral centers are the source of ideas and of their associations, we observe them here in a state of collapse; they appear to be withdrawn from the chain of mental activities. The impulses are no more under the control of cerebral centers which ordinarily regulate our actions; but they exercise their influence on the motor sphere by producing an excessive activity. In such cases naturally there can be no choice of action; each movement is the immediate result of sentiment. The acts are unconscious; they must be executed because they are out of the field of struggle which normally exists between reasoning and passion. The acts are, therefore, mechanical, automatic and of a reflex nature.

MEDICO-LEGAL CONSIDERATIONS

The question of responsibility of individuals presenting morbid impulses is of the greatest moment from a social and medico-legal point of view. It is frequently accompanied by difficulties, and has led not infrequently to many judiciary errors.

The primitive society of mankind recognized crime as a punishable act, irrespective of any other consideration. The criminal was always punished, no matter what his mental state was. Ancient legislation ignored entirely the question of irresponsibility. The Romans were the first who distinguished between *compos* and *non compos mentis*. But the great difficulty was to determine under what condition an individual ceases to be *compos mentis*. Prejudices, errors of all sorts, religious and political passions, interfered with the proper understanding of cerebral functions, of genesis of ideas and of their manner of manifestations. Even the humane principles of the French Revolution were unable to eradicate from the minds of the legislators the deep-seated ideas of moral responsibility.

With the advent of Pinel and his school a new era entered the field. With him the old ideas suffered a decided blow. He succeeded in convincing human minds that insanity was a disease and that there was no crime if the criminal was insane while committing it. Gradually the field of responsibility became wider and wider. The criminologists of the new anthropological school, and with them the psychiatrist and all students of normal and abnormal psychology, jurists and enlightened laymen, all admit now that a psychopath, as defined above, presenting episodic paroxysms of pathological impulses cannot be considered fully responsible for his criminal tendencies and acts, and that

instead of being committed to prison, he should be removed from society and placed safely to undergo medical treatment.

As to mental deficiency we have seen on the foregoing pages that, besides a certain degree of intellectual inferiority, there is particularly an inherent deficiency of inhibitory power. We have seen that the whole life of mental defectives is composed of incidents of an instinctive nature, as the instinct predominates in them, and, therefore, their actions are invariably the result of impulses. These individuals may be fully aware of the illegality of a certain act, they may fully realize that murder, assault, arson, deception which they commit are morally wrong and punishable by law, and yet they cannot by reason of the very nature of their mental inferiority be held totally accountable for their actions.

The medico-legal literature is abundant with examples of indiscriminate conviction of this category of individuals. Notwithstanding the considerable work of the psychiatrist, and the incessant labor of the profound students of psychology and of the evident and flagrant injustice to mankind, some jurists are loath to accept the humane and scientific principles laid down by the workers in this field of human knowledge. It is, of course, proper to advise, as they do, to moderate the passions and to learn to control them, but this is possible only for a brain free from any hereditary or acquired taint. It is just as difficult to control and direct the operation of a brain whose anatomical and functional integrity is affected as it is to hold oneself straight with a spinal column which is scoliosed or otherwise deviated.

The degenerates with morbid impulses are, therefore, irresponsible; but what is the degree of their responsibility between the acts, viz., during the lucid intervals? Here jurists, alienists, anthropologists are not exactly of the same opinion.

The old classical school of criminology believes in so-called *partial* responsibility. They say that because an abnormal brain, although not insane, has an abnormal will, an abnormal conception of right and wrong, the law should impose only partial punishment. The modern psychiatric views, the glory of which belongs mostly to the French school, and especially to Magnan and his pupils, are based upon a different conception of degeneracy and criminality. Lombroso, Ferri, Garofalo, in Italy; Broca, Brodier, Manouvrier, Lacassagne, in France, have laid the foundation for the modern anthropological school. According to the anthropologists the criminal is under two kinds of influences: Intrinsic or individual and extrinsic or social. This double responsibility in a psychopathic individual is nil, and his irresponsi-

bility is absolute at all periods of his life; its excuse lies in the heredity and in the morbid impulses which are not present in normal beings.

When an expert is called upon to give his scientific opinion on crime committed under the influence of an irresistible impulse, he has to consider not only the crime but also and mainly the criminal. As to the criminal, it must be determined whether he is insane or only a psychopathic or mentally defective individual affected with obsessions and morbid impulses. In both cases a thorough and careful examination is absolutely necessary.

When the crime is committed without a motive, while it is accompanied by a perfect integrity of conscience, and preceded by a mental struggle, there is no doubt that it was the result of a morbid obsession. In insanity the expert will sometimes encounter difficulties. In the first stages of a mental affection, in which a perverted mode of thinking, feeling and acting is not easily recognizable; in epilepsy, when between the attacks the individual is comparatively lucid; in some cases of paranoia, when the patient will skillfully conceal the subject of his delusion—in such cases the expert will have to surround himself with all possible precautions, obtain detailed personal and family histories, interrogate the criminal at various times before he decides the question of insanity, viz., responsibility. The rôle of the expert in these conditions must consist not only of giving a personal impression more or less justified by his own experience, but also of presenting evidence which will be understood by laymen.

The determination of the degree of responsibility of a criminal should therefore be placed in the hands of an alienist. Only he is capable to determine early stages of insanity, only he is able to determine, apart from insanity, the degree of mental control, of inhibitory power of a delinquent who presents mental stigmata of degeneracy.

There is a frequent conflict between medical and legal conceptions of insanity. The law admits that a man with one fixed delusion may be sane on every subject except when he touches upon the delusive thought, and some jurists consequently argue that he can be considered sane before or after a crime is committed, but insane during the act. From a medical standpoint such an argument is unscientific, for if delusive ideas are apt to originate in a brain, the function of its constituent elements is certainly disturbed. In such a brain one certain delusion may be formed and remain fixed, but by the very reason of this fact, this brain must be considered diseased, and misconceptions with misinterpretations may become manifest at any moment. An

individual thus affected should by no means be considered "responsible before the law" before or after the crime.

When an individual's conscience is not completely developed; when judgment and will power are wanting; when egotism is pathological; when envy and hatred are intense and directed towards the dearest and nearest; when impulsive tendencies are conspicuous; when a thorough appreciation of acts and meditation are intrinsically not profound enough to overcome instinctive tendencies; when all these phenomena characterize mentally deficient individuals, phenomena which constitute an integral part of their abnormal make-up, the problem of mental responsibility may be solved without special difficulty. It requires no special stretch of imagination to see that individuals mentally inferior, such as depicted above, possess inferior and defective conceptions of right and wrong. The discrimination between the two is naturally faulty. They may recognize the illegality of an act, viz., that punishment by law may follow, but the fundamental and social value of a lawless act is not altogether accessible to their abnormal or defective intellectual and normal personality. It is therefore evident that their responsibility can by no means be total. The established legal test of right and wrong cannot be applied to these cases, and if it is applied, as it is frequently done, the results are bound to be disastrous as far as the administration of justice is concerned.

Those who create laws and those who administer justice view with very few exceptions only the social side of the law and usually are not at all interested in psychologic and medical studies which present a different concept of criminality and of the criminal himself. It is true that penal legislation and legal medicine are distinct and separate sciences, but positive criminology must rely on both branches of human knowledge. An intimate unity of these two sciences is an indispensable and an essential condition of progress. Criminology has for its object the formation of positive laws concerning crimes and the discovery of remedies for them. With this object in view it searches the truth wherever it can be found and takes from medical and legal sciences data which it needs to form a scientific foundation. By the union of the two sciences the old and too narrow boundaries of human conceptions of liberty and responsibility will be broken and progress will be assured. Our present knowledge of normal and pathological processes in the psychic sphere, the proper appreciation of abnormal mental operations enable us to avoid errors in administering justice. To accomplish the latter, responsibility and irresponsibility must be viewed from the standpoint of broader principles than heretofore. Human

liberty and responsibility are two most serious elements of life that cannot be dealt with in a purely technical manner. In studying a crime, it is especially essential to study the criminal and in each crime we must distinguish two factors, viz., the conditions in which it was committed and the psychic characteristics of the author of the crime.

I will conclude with the following propositions:

The legal conception of responsibility is not in accordance with the principles of science, and does not satisfy the practical exigencies of life. An alienist should be called upon to examine such a criminal. Administration of justice in such cases should be confided to a jurist and to an alienist.

Administration of houses of correction should be placed in the hands of alienists and pedagogues.

Youthful criminals should be placed, not in prisons, but in special institutions where they shall receive medical attention.

Conviction of criminals intellectually and morally defective is unjust and should be replaced by prophylactic measures which form a part of social hygiene.